

Governor's Commission for a Drug Free Indiana 8-15-07 Meeting Minutes

Members Present: Jim Bobe Jeff Barber
Judge William Sleva Senator Dennis Kruse
Steve Camilleri Dr. Tim Kelly
Sheriff Mark Frisbie Chairman, John von Arx

CJI Staff: Jason Hutchens, Mary Murdock, Sonya Cleveland, Laura Coykendall, Janice Lee

John von Arx opened the meeting with introductions appreciation for all who attended.

Point of Youth (P.O.Y.) overview was given by Laura Coykendall. She presented details of the POY Retreat where 26 POY students from around the State of Indiana developed a Statewide Action Plan which will focus on Substance Abuse and Underage Drinking. Social hosting, Meth initiatives, Prescription Drugs and Over the Counter medicines will be their primary target areas. The students led by their youth leaders enjoyed getting to know each other and developed good working relationships during the Retreat.

SPF-SIG overview was given by Kim Manlove. Grants have been awarded in the areas of Alcohol, Meth, and Cocaine. The contracts are going through the process and are in the Attorney Generals office. Teams led by Kim Manlove and Marcia French are completing their site visits for all of the SPF-SIG awarded organizations. Technical assistance is being given to the by Indiana Prevention Resource Center. Work Plans will be developed and include benchmarks for each grantee. Twenty-six states and 24 Tribes and Territories attended the CSAP and SAMHSA Annual Meeting. Although Indiana was in the 2nd group of grants received, we have reached the work of the 1st group due to the excellent work of the Epidemiological Group. Senator Kruse requested to know how much money will be provided to the recipients. Mr. Manlove explained how after the administrative dollars are earmarked, each grant recipient will be awarded \$115,000 per year over 4 years.

Indiana Addictions Planning Council met June 13th. Items for discussion were:

1. Recommend for Nominations for membership
2. Funding Research
3. Received Reports from the State Addiction Providers

In an effort to bridge the gap between the counties and the State governments, Sheriff Luce accepted the position to chair. The next meeting for the Council will be in September.

The Meth Free Indiana Committee will begin meeting every other month with the August meeting being cancelled. The Committee will meet in September at 9 am and again in November of 2007. The 2008 schedule will be set at the November meeting.

A Meth Data Work Group from CJI, DOC, ISP, DCS, DMHA and IDEM are collecting data from agencies to provide the Governor with one report rather than multiple reports. Josh Ross, Research Division Director from CJI, is the chair for this Work Group. The Work Group is assessing data reliability and quality as well as identifying additional data sources to provide a true picture of the Meth situation in Indiana. The "lag time" for data will be 90 days for purposes of analyzing data from the various agencies in the same time frame as opposed to 30 day data from one organization and 90 days from another which may not have access to reliable data within the same 30 day window.

The Department of Corrections presented a detailed view of the Re-entry Project underway. John von Arx shared approximately 80% of the prisoners in the Department of Corrections have either a drug or alcohol issue. It is important that the Governor's Commission be a partner with Department of Correction and provide them with the support they need to manage this problem. Dave Burch from D.O.C. identified Indiana as the 2nd largest State agency with 32 facilities and 7500 employees. As of July 1, 2007, the financial cost and impact on Indiana residents for one DOC adult resident is \$52.25 per day and \$148.50 per juvenile per day. There are 25,000 Adult and Juvenile DOC residents statewide. There is a 39.3 recidivism rate in Indiana. 40% of those released will return in 3 years. The Indiana Department of Corrections is developing a plan to train case management staff to improve communication and to share responsibility within each inmate's release program. The inmates will assist in their own re-entry plan and DOC will assist in providing them with ID's, birth certificates, Medicaid cards, and any other necessary documents *before* their release to receive benefits. Town hall meetings on re-entry will occur beginning in November and December. The counties will receive a one page flyer with the specific demographics. There will be a computer ORACLE database system that Prosecutors, Judges, and other critical staff will have access to in order to have access to the re-entry program information as well as progress reports. Dr. Tim Kelly inquired as to the percentage of Substance Abuse individuals released, receiving Substance Abuse programming or residential support. Jerry Vance supplied a statistical figure of 11,000 persons treated in 2006. Most of those treated using therapeutic beds were those affected by Meth. If an inmate is given a sentence of 1 year or less, it is difficult for DOC to provide treatment due to their incarceration in the county jail system and perhaps a small stay at the Reception and Diagnostic Center in Plainfield. Dr. Kelly discussed the developing trend with society with the understanding that the addiction to narcotics is a life-long issue and a person cannot be "healed" in a 30-day standard treatment facility. There have to be long-term fixes.

Drug testing procedures were discussed while questions were raised as to what percentage and how does a random testing process result in measurable means to what the true issues are within the inmate/released populations.

Jim Cox is working with the Case Management Program within DOC. He explained how an 8-month program with the general population and a follow-up will help strengthen an individual's opportunity within society after his release. The DOC Case Management Program provides assessment. They will be tying Substance Abuse into Case Management Services. Their assessment will include:

1. Who they will treat
2. What treatment program is appropriate
3. How to provide services

Training the DOC staff to think more clinically and to look more closely at processes will help the program develop more quickly. The staff should manage the processes; not the processes manage the staff. While assessing the inmates, an instructional tool which teaches them to focus on when they are out will also be used. The focus connecting a re-entry accountability plan and the aftercare plan will be implemented. The plan development needs to be more driven by needs, not desires. Questions arise such as "How are case managers defining where the released person needs to be in the community?"

A new computer system will link and increase dramatically communication between all of the necessary parties such as: counselors, case management, medical personnel, and other recovery specialists. This information will be available to parole districts. Dave Burch suggested Town Hall meetings will assist in the recovery process from basic education on the issues to the collaboration between the community members and the person. The R.A.P. Program stands for: Re-entry, Accountability, and Plan. Acceptance to the RAP Program varies depending on the reasons the person is developing a plan. If a person is driven for the wrong reasons, it is difficult for them to follow through with their plan. Trained staff will help minimize the resistance from the inmates. Reducing the recidivism rate by 5% would save Indiana \$80 million dollars per year.

The Governor's Commission needs to have a voice in the larger re-entry program. By reviewing the Power point presentation by Jason Hutchens, it was clear that through a case study provided, the authorities can touch Substance Abuse related crime and have an impact on crime including the Homicide Rate. The statistical data shows how Substance Abuse offenders are very violent. The study clearly points out the relationship between Substance Abuse crime and the importance of successful re-entry programs.

Common visions and goals are essential in measuring the performance of the programs. The Marion County Council, Mayor of Indianapolis, John von Arx and the Indiana Criminal Justice Institute have met to analyze resources available. The Re-entry Program should be a part of the Drug Control Strategy.

Discussions continued regarding whether drug dealers in high level operations are frequent users or not. According to Jason Hutchens, the dealers frequently use illicit drugs and are caught due to their inability to think clearly and make bad decisions for them to be arrested.

In an effort to facilitate consistent reporting, performance measures are being developed for all grantees as a part of the Indiana Criminal Justice Institute's agency wide plan.

The Criminal Justice Institute continues to team up with The Partnership for a Drug Free America in an effort to reduce the amount of illicit drugs used in the State of Indiana.

The Local Coordinating Councils are always looking for more funding resources to fund more local programs and to build capacity within their LCC and community. A funding analysis was developed with the four target areas being: Prevention, Treatment, Law Enforcement, and Administration. The report indicates which counties are funding the primary areas of Substance Abuse programming within each community.

A Drug Control Strategy Draft will be developed by the Indiana Criminal Justice Institute for a recommendation to the Governor in October. The Governor's Commission can be a strong partner within this plan with the legislation available and help drive the Strategy ahead of other states.

The EUDL Conference was recently held in Orlando, Florida. Laura Coykendall and one of the Community Consultants recently attended from CJI on scholarships. Tangible environmental strategies to address underage drinking were discussed and plans developed to implement throughout communities. The CADCA Conference was held in Tucson, Arizona and attended by Sonya Cleveland and 3 of the Community Consultants also by scholarships. They were able to obtain resources for all 92 Local Coordinating Councils. These documents will provide the county coalitions with the necessary tools to develop and sustain the coalitions to be a voice for the community and set a course for action within each community.

Meeting was adjourned.